## Foster Family Home - Corrective Action Report

Provider ID:

1-140007

Home Name:

Susie J. Lee, CNA

Review ID:

1-140007-2

1158 Iomea Place

Reviewer:

Wahiawa

HI 96786

Begin Date:

1/5/2015

End Date:

Foster Family Home

**Required Certificate** 

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Review for recertification. CAP issued with all items due 2/5/15. See individual sections for deficiencies.

Foster Family Home

**Background Checks** 

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1: HHM 1, 2, 3 and PCG and SCG need second fingerprinting and APS/CAN.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(5)(C)(ii)

Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)

HHM 2, 3 need TB test results.

Foster Family Home

**Quality Assurance** 

[17-1454-48.1]

48.1.(a)

Comment:

The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

\_\_\_\_

48.1: Emergency plan is blank for disaster shelter area and is not signed by HHM.

Foster Family Home

Fiscal Requirements

[17-1454-49.1]

49.1.(a)

The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

49.1.(b)

The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1: Budget is not filled in.

JAN 2 3 2015

## Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

52.(a)(3)

A list of applicable community resources.

Comment:

52a3: No list of community resources.



Primary Care Giver

2/36/15 Date

Date

## CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: SUSIE J. LEE

DATE: 3/18/15

1.(d)() Background Checks (17-1454-1)

7.1. HHM 1,2,3 and PCG and SCG need finger printing and APS [CAN How did you correct this deficiency?

How did I correct, by providing our finger printing and APSICAN. Which we waiting for the result, and send to CTA.

How will you avoid committing this deficiency in the future?

To avoid this in the future. I have to make sure to, renew before the expiration:

**DEFICIENCY:** 41. Personnel and Staffing (17-1454-41)

41. (b)(5)(c)(1) HHM 2,3 need TB fest result. How did you correct this deficiency? How did I correct. The time of the visit we are waiting for the vesult from the Dr. And sind to CTA. The result.

How will you avoid committing this deficiency in the future?

Again to avoid this in the future. I make sure that we renew before when it expired.

**DEFICIENCY:** 

48. Quality Assurance (17-1454-48.1)

How did I correct. I'm sorry that I never sign that emercy plan. Then I signed and send to CTA.

How will you avoid committing this deficiency in the future?

To avoid in the future I'll make sure to check my papers works, if I filled up. Sorry.



DEFICIENCY: 49.1.(a) Fiscal Requirements (17-1454-49.1)
49.1: Budget is not filled in.  How did you correct this deficiency?  I corrected this deficiency by fill in the budgeting plan.
How will you avoid committing this deficiency in the future?
To avoid this deficiency in the future. Ill make
sure that every month I filled in,
DEFICIENCY: 52.4(3) Picords
2 12 hamain My Ma list of rommunity resources.
How did I correct by providing the list of community
How will you avoid committing this deficiency in the future?
To word tin the future deficiency. I'll make
sure. I'll have a list. Sorry.
DEFICIENCY:
How did you correct this deficiency?
How will you avoid committing this deficiency in the future?
DEFICIENCY:
How did you correct this deficiency?

How will you avoid committing this deficiency in the future?